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PTO/SB/01 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Not yet assigned
Filing Date	
First Named Inventor	Alexander S. Pouchkarev
Title	Kite Safety Invention
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	02-287-B

I hereby appoint:

☒ Practitioners at Customer Number

31718



3 1 7 1 8

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Alexander S. Pouchkarev

Signature


Date

July 2 / 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	02-287-B	
	First Named Inventor	Pouchkarev	
	COMPLETE IF KNOWN		
	Application Number	/	
	Filing Date		
	Group Art Unit		
		Examiner Name	

☐ Declaration Submitted with Initial Filing
 OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

KITE SAFETY INVENTION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/394,364	07/03/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


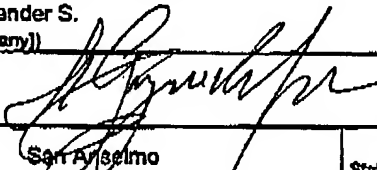
[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		 * 3 1 7 1 8 *		<input type="checkbox"/> Correspondence address below	
Name <u>Alexander Pouchkarev</u>					
Address <u>150 W. OAK KNOLL DRIVE</u>					
Address <u>SAN ANSELMO</u>					
City		State <u>CA</u>		ZIP <u>94960</u>	
Country		Telephone <u>(415) 640 0833</u>		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>Alexander S.</u> (first and middle (if any))		Family Name <u>Pouchkarev</u> or Surname			
Inventor's Signature 		Date			
Residence: City <u>San Anselmo</u>		State <u>CA</u>		Country <u>US</u>	
				Citizenship <u>RUSSIA</u>	
Mailing Address <u>150 West Oak Knoll Drive</u>					
Mailing Address					
City <u>San Anselmo</u>		State <u>CA</u>		ZIP <u>94960</u>	
				Country <u>US</u>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>NONE</u> (first and middle (if any))		Family Name or Surname			
Inventor's Signature <u>n/a</u>		Date			
Residence: City		State		Country	
				Citizenship	
Mailing Address					
Mailing Address					
City		State		ZIP	
				Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					